

2	POSITION	INITIALS	ID NO.	DATE /
✓	FEE DETERMINATION			
✓	O.I.P.E. CLASSIFIER			
	FORMALITY REVIEW			
	RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/22/03
2	✓	✓	1/22/03
3	✓	✓	1/22/03
4	✓	✓	1/22/03
5	✓	✓	1/22/03
6	✓	✓	1/22/03
7	✓	✓	1/22/03
8	✓	✓	1/22/03
9	✓	✓	1/22/03
10	✓	✓	1/22/03
11	✓	✓	1/22/03
12	✓	✓	1/22/03
13	✓	✓	1/22/03
14	✓	✓	1/22/03
15	✓	✓	1/22/03
16	✓	✓	1/22/03
17	✓	✓	1/22/03
18	✓	✓	1/22/03
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46	✓	✓	1/22/03
47	✓	✓	1/22/03
48	✓	✓	1/22/03
49	✓	✓	1/22/03
50	✓	✓	1/22/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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